Attorney Docket No.

PU040031



TOTAL AMOUNT OF PAYMENT (\$)

Feed outstands to the Consolidated Assessinities Ast 2007 (U.D. 4040)	Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/587,188		
FEE TRANSMITTAL	Filing Date	July 25, 2006		
for FY 2007	First Named Inventor	Mark Francis Rumreich		
	Examiner Name	Devona E. Faulk		
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2614		

940.00

METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498							
☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):							
Deposit Account: Deposit Account Number 07-0832 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION	(All the fees	below are due	upon filing or	may be subject to	a surcharge.)		
1. BASIC FILING, SE	ARCH, AND FILING F			CH FEES Small Entity	EXAMINA ⁻	TION FEES Small E	ntity
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FE	EES				Fee	Small E	intity Fee (\$)
Each claim over 20 (inclu	dina Reissues)			5		25
Each independent claim of	=				20	0	100
Multiple dependent claims	5				36	0	180
Total Claims		tra Claims	Fee (\$)	Fee Paid (\$)		tiple Depende	
- or HP = highest number of to	HP = otal claims pai	d for, if greater tha	\$50 = in 20.	\$	<u>Fee</u>	<u>• (\$)</u>	Fee Paid (\$)
	HP =	tra Claims x	Fee (\$) \$200 =	Fee Paid (\$)			
HP = highest number of ir	ndependent cla	sims paid for, if gre	eater than 3.				
3. APPLICATION SIZE	E FEE						•
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sh	eets <u>Nu</u>	mber of each a	dditional 50 or frac	tion thereof	Fee (\$)	Fee Paid (\$)
- 100 =		/ 50 =	(rour	nd up to a whole nur	mber) x		_ =
4. OTHER FEE(S) Non-English Specificat	4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)
Other (e.g., late filing surcharge):FEE FOR ONE MONTH EXTENSION - \$130.00 \$940.00 \$940.00							

SUBMITTED BY					
Name (Print/Type)	JOSEPH J. OPALACH	Registration No. (Attorney/Agent)	36,229	Telephone	(609) 734-6839
Signature	//2	Min			December 17, 2009

This collection of information is required by 37 CFR 138. The information is solured to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.12 his collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual state. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Tradvariant Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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Attanana Danisat Ma	PU040031			

TOTAL AMOUNT C	F PAYMENT	(\$) 940	0.00	Attorney Docket No.	PU040031		
METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498							
				None	Other (plea	se identify):	
Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): ☐ Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING LLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge any additional fee(s) or underpayments of ☐ Credit any overpayments ☐ fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
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Application Type	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fees Paid (\$)
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2. EXCESS CLAIM F	EES					Small E	ntity
Fee Description					<u>Fee</u>	<u>(\$)</u>	Fee (\$)
Each claim over 20 (inclu	uding Reissues)				5	0	25
Each independent claim	over 3 (including	Reissues)			20	O ·	100
Multiple dependent claim					36		180
Total Claims		ra Claims	Fee (\$)	Fee Paid (\$)		Itiple Depende	
- O HP = highest number of	r HP = total claims paid	for, if greater t	x \$50 =	· <u>\$</u>	<u>Fee</u>	: (\$)	Fee Paid (\$)
The thigheot transcript	total olamio para	ior, ii grouter a					
Independent Claims		<u>ra Claims</u>	Fee (\$)	Fee Paid (\$)			
	rHP=		x \$200 =	0			
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